

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification# 240074		
I. Type of Notification (O = Original R = Revised C = Cancelled) O – EMERGENCY NOTIFICATION					
II. FACILITY INFORMATION (identify owner, removal, contractor, and other operator)					
OWNER NAME: STATE UNIVERSITY OF NEW YORK – PURCHASE COLLEGE					
Address: 735 ANDERSON HILL ROAD					
City: PURCHASE	State: NY	Zip: 10577			
Contact: EDWARD MUSAL	Tel: 914-251-6917				
REMOVAL CONTRACTOR: AGA ENVIRONMENTAL					
Address: 271 42nd Street					
City: BROOKLYN	State: NY	Zip: 11232			
Contact: GILBERTO PADILLA	Tel: (347) 689-2495				
III. TYPE OF OPERATION (D=Demo O=Ordered Demo R=RENOVATION E=EMER Renovation) Asbestos Removal					
IV. IS ASBESTOS PRESENT? (Yes/No) Yes					
V. FACILITY DESCRIPTION (include building name, number and floor or room number)					
Bldg. Name: SUNY PURCHASE – DORMITORIES BIG HAUS, CROSSROADS AND FAR SIDE DORM					
Address: 735 ANDERSON HILL ROAD					
City: PURCHASE	State: NY	County: WESTCHESTER			
Site Location: VARIOUS ROOMS					
Building Size:	# of Floor: --	Age in Years:			
Present Use: COLLEGE	Prior Use:				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: MATERIAL: BULK SAMPLING					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:					
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
				Ln Ft:	Ln M:
Surface Area –FIREPROOFING				Sq Ft: 240	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)					
Start: 8-1-13		Complete: 9-30-13			
IX. SCHEDULE DATES DEMO/RENOVATION (MM/DD/YY) start:					
Complete:					

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

WORK TO BE PERFORMED AS PER THE APPROVED NYSDOL EMERGENCY VARIANCE NUMBER 13-0844. A REMOTE DECONTAMINATION UNIT WILL BE BUILT AND MAINTAINED FOR THE DURATION OF THE PROJECT. ALL WORK TO BE PERFORMED AS PER NYSDOL ICR 56 AND APPROVED VARIANCE. ACM TO BE WETTED BEFORE, DURING AND AFTER REMOVALS. ALL ACM TO BE DOUBLE BAGGED IN ASBESTOS IDENTIFIED BAGS AND A GENERATOR LABEL APPLIED.

XII. WASTE TRANSPORTER 2A456

Name: TRI-STATE TRANSFER ASSOCIATES, INC.

Address: 199 RANDALL AVENUE

City: BRONX

State: NY

ZIP: 10472

Contact Person: RON FINK

Telephone: 718-617-0771

XIII. WASTE TRANSPORTER #

Name: ASBESTOS TRANSPORTATION COMPANY, INC.

Address: 2 MORICHES MIDDLE ISLAND ROAD

City: SHIRLEY

State: NY

ZIP: 11967

Contact Person: KENNY SMITH

Telephone: (631) 924-5050

XIII. WASTE DISPOSAL SITE

Name: MINERVA ENTERPRISES

Address: 9000 MINERVA ROAD

City: WAYNESBURG

State: OH

ZIP: 44688

Telephone: (330) 866-3435

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name:

Title:

Authority:

Date of Order (MM/DD/YY):

Date Order to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLE, PULVERIZED, OR REDUCED TO POWDER:

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (40CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THE PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL HOURS. (Required 1 year after promulgation).

Signature of Owner/Operator

JULY 31, 2013

Date

XVIII. I CERTIFIED THAT THE ABOVE INFORMATION IS CORRECT.

Signature of Owner/Operator

JULY 31, 2013

Date